Name In Full

Certificate of Death

John H. Baker

Died at Town Hobbs County Caroline MARYLAND

Date 19 04 Month July Day 27 | Age Y. 75 M. D. | Native of Md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living 2

Husband of Eliza Draper

~~Wife~~

Father's Name | Mother's Maiden Name

Cause of Death — Primary: Cardiac dropsy

Immediate: Exhaustion

How long sick 2 yrs

Accident, Suicide, Homicide

Reported by Jas. H. Ward.

Address Hobbs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72803

Name in Full: John Wesley Bordley

CERTIFICATE OF DEATH

MARYLAND

Died at Ridgely (Town) Caroline (County)

Date of death 1904 July (Month) 9 (Day)

Age — Years 3 Months 4 Days

Sex Male

Color or Race White

Birthplace Ridgely

Occupation —

Where Residing if not at place of death —

~~Married~~ Single or ~~Widowed~~

Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name John Wesley Bordley

Father's Birthplace Queen Annes Co

Mother's Maiden Name Mary S. Rimmer

Mother's Birthplace " " "

Name of person giving Imformation John Wesley Bordley

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum — How long 3 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. C. Madara

Address Ridgely Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A69516

Name in Full: Edward L. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hickman — County: Caroline

Date of death 190 4: Month: July — Day: 13

Age: Years: — Months: 6 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Kent Co Del.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Wm R. Brown — Father's Birthplace: Kent Co Del

Mother's Maiden Name: — Butler — Mother's Birthplace: Kent Co Del

Name of person giving Information: W. R. Brown — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Six days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. Lankford

Address: Burrsville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at New Market Town, Caroline County

Date of death 1904 July 4 (Month, Day)

Age ~~Years~~ 4 hrs (Months, Days)

Sex Female | Color or Race Black | Birthplace Caroline Co.

Occupation — | Where Residing if not at place of death —

Married, Single or Widowed — | Name of Wife or Husband —

Father's Name Wm A Carney | Father's Birthplace Caroline Co.

Mother's Maiden Name Sarah F. Carney | Mother's Birthplace Caroline Co

Name of person giving Imformation | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Premature birth | How long 4 hrs

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A W B Coursey, M.D.

Address Templeville. Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Mrs. Jennie Choffinch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillsboro; County: Caroline

Date of death: Month: 7; Day: 11; 1904

Age: Years: 68; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Talbot Co Md

Occupation: Housewife

Where Residing if not at place of death: Near Cordova

Married, Single or Widowed: Widowed

Name of Wife or Husband: Azel Choffinch

Father's Name: Isaac Stevens

Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Lavicia Sewyett.

Mother's Birthplace: Talbot Co Md

Name of person giving Imformation: Mr. Wm B. Stevens

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 37 hours

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robley Hackett M.D.

Address: Ivers Anne

Accident or Suicide? no

LIBRARY BUREAU A88818

Name in Full: Edward Gills

CERTIFICATE OF DEATH

MARYLAND

Died at: near Ridgely — Town

County: Caroline

Date of death: Month: July — Day: 5 — Year: 1904

Age: Years: 23 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: Black

Birthplace: Queen Annes Co Md

Occupation: Laborer

Where Residing if not at place of death: Kent Island

Married, Single or Widowed: Single

Name of Wife or Husband: ———

Father's Name: Joseph Gills

Father's Birthplace: Virginia

Mother's Maiden Name: Susie Berry

Mother's Birthplace: Kent Island

Name of person giving Imformation: William H. Wilson

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lightning

How long: Instant

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md.

Accident or Suicide? ~~———~~

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Hubbard Hubbard

Died at Town: Bellbelaire County: Caroline MARYLAND

Date 189 4 Month: July Day: 30 Age: Y. 1 M. D. | Native of: Md | Occupation:

White / Colored — Female — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name: Clay Hubbard Mother's Name: Sarah Jr Hubbard

Cause of Death — Primary: Summer Complaint — How long sick:

Immediate — Accident, Suicide, Homicide

Reported by: Wm H Hollis 105°

Address: Preston Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full: Curtis Saundere

CERTIFICATE OF DEATH

MARYLAND

Died at: near Ridgely (Town) Caroline (County)

Date of death 1904 July (Month) 3 (Day)

Age 37 Years 11 Months 3 Days

Sex Male

Color or Race Black

Birthplace Kent Island Md

Occupation Laborer

Where Residing if not at place of death Kent Island Md

TO BE ANSWERED BY NEAREST FRIEND

Married, ~~Single or Widowed~~

Name of Wife or ~~Husband~~ Mary Saundere

Father's Name John Saundere

Father's Birthplace Kent Island

Mother's Maiden Name Isabelle King

Mother's Birthplace Kent Island

Name of person giving Imformation Mary Saundere

How related to deceased wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Lightning How long Instant

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. C. Madara

Address Ridgely Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Jefferson Davis Towers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dulaan — County: Caroline

Date of death: 1904 — Month: 7 — Day: 24 — Age: Years 42 — Months — Days

Sex: Male — Color or Race: colored — Birthplace: Caroline Co.

Occupation: Carpenter — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: Mary Towers

Father's Name: Andrew Towers — Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Harris — Mother's Birthplace: Delaware

Name of person giving information: Richard H. Towers — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis — How long: 6 hours

Immediate: Heart Failure — How long: 1 hour.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Manship

Address: Dulaan Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A88318

Name in Full: Williamson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Emmitsburg — County: Carroll

Date of death 1904: Month: July — Day: 6th — Age: 30 Years — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: Amanda Thomas

Father's Name: Don't know — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Sarah Wilkinson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uraemia. — How long: 2 or 3 months

Immediate: Brain Lesion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Smith, M.D.

Address: Emmitsburg Md.

Accident or Suicide? —

LIBRARY BUREAU A8931B

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Opera

Mar A. L.
Hm

Name in Full: James H. Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Denton — County: Caroline

Date of death 1904: Month: 7 — Day: 25 — Years: Age 81 — Months: — — Days: —

Sex: Male — Color or Race: white — Birthplace: Caroline Co.

~~Married, Single~~ or Widowed — Occupation: Farmer

Name of Wife or Husband: —

Father's Name: Aaron Wilson — Father's Birthplace: Maryland

Mother's Maiden Name: Not Known — Mother's Birthplace: Not Known

Name of person giving Information: W. H. J. Wilson — How related to deceased: Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Chronic Inst. Nephritis — How long: 1 Year

Immediate: and Mitral Stenosis Heart failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. P. Manship

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Joseph Hensley Wisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline

Date of death 190 7. Month: 7. Day: 30

Age: Years: 7 Months: — Days:

Sex: Boy. Color or Race: Black Birthplace: New Denton

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Hezekia Wisher Father's Birthplace: New Denton

Mother's Maiden Name: Lobel Wisher Mother's Birthplace: New Greensboro

Name of person giving Information: 93 How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long:

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alf. Hardcastle M.D.

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU A8G018